

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/549,393

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		31					54						
5		13					55						
6		31					56						
7		13					57						
8		01					58						
9		10					59						
10		02					60						
11		10					61						
12		01					62						
13		20					63						
14	-	01	-	-			64						
15		10					65						
16		01					66						
17		00					67						
18		01					68						
19		00					69						
20		01					70						
21							71						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1												
TOTAL DEP.	20												
TOTAL CLAIMS	22												